

**DEPARTMENT FOR EMPLOYMENT SERVICES  
PREVAILING WAGE INFORMATION REQUEST  
FAX TO: (502) 564-7459**

1. Name of Employer (Full Name of Organization)		2. Telephone (Area Code and Number)	
3. Address (Number, Street, City or Town, County, State, ZIP Code)			
4. Name of Alien (if known)			
5. Address where Alien will work (if different from item 3)			
6. Nature of Employer's Business	7. Alien's Job Title	8. Work Shift	9. Rate of Pay (\$/hr)
10. Describe fully the job to be performed (duties and special requirements)			<input type="checkbox"/> Permanent  <input type="checkbox"/> Temporary  <input type="checkbox"/> H2B
11. Which level best describes this occupation?  <div style="text-align: center;"><b>SKILL LEVEL I ?</b></div> 1. Basic understanding of occupation 2. Limited exercise of judgment 3. Works under close supervision and receives specific instructions 4. Work is closely monitored and reviewed for accuracy		(Check appropriate Box)  <div style="text-align: center;"><b>SKILL LEVEL II ?</b></div> 1. Advanced skills and diversified knowledge 2. Plans and conducts work requiring judgment and independent evaluation 3. May supervise or provide direction to other staff 4. Receives only technical guidance 5. Work reviewed for application of sound judgment and effectiveness	
12. College Education (number of years) ____ College Degree required (specify) ____ Specify Specialty ____		14. Number of Employees Alien will supervise _____	
13. Experience required  _____ years _____ months		15. Occupational Title of person who will be Alien's immediate supervisor _____	
Return to: Alien Labor Certification Non-Agricultural  Department for Employment Services Division for Field Services 275 East Main Street, 2W Frankfort, Kentucky 40621		_____ Phone Number  _____ Prepared by  _____ Fax Number	

**\*\*\*FOR OFFICIAL USE ONLY\*\*\***

The prevailing wage for the job described above is \$ \_\_\_\_\_ per \_\_\_\_\_

OES Code: \_\_\_\_\_ Source of wage finding: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

(LMI Report Section)

**\*\*\*\*THIS RATE IS VALID FOR FILING APPLICATIONS AND ATTESTATIONS\*\*\*\***

Rev. 5/10/04